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ABSTRACT

This booklet offers teachers, paraprofessionals, and parents practical, easy-to-read suggestions for working with the handicapped child in the normal preschool class. Each of the three sections (visual disabilities, hearing disabilities, and motor disabilities) emphasizes the importance of a warm, positive, accepting attitude on the part of the teacher. The text provides basic knowledge concerning visual, auditory, and motor disabilities, and includes a number of suggestions for integrating the handicapped child into the normal classroom routines. This text should prove especially helpful in the training of teachers and caregivers. Cartoon-style drawings illustrate the text. (CS)

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UNDERSTANDING YOUNG CHILDREN: THE HANDICAPPED CHILD IN THE NORMAL PRESCHOOL CLASS

By
Colleen A. Mayer

Illustrated by
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The Understanding Young Children Series

This series of five booklets offers practical, easy-to-read suggestions for teachers, parents, and caregivers working with normal and handicapped young children. Individual titles are:

The Handicapped Child in the Normal Preschool Class	#114	$1.75
Emotional and Behavioral Development and Disabilities	#115	$1.75
Learning Development and Disabilities	#116	$1.25
Language Development and Disabilities	#117	$1.25
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(Set of 5 booklets: $7.00)

The UYC Series was made available through the Alaska Treatment Center for Crippled Children and Adults, Anchorage, Alaska. We would like to thank the center's staff members for permitting us to reprint this series.

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THE HANDICAPPED CHILD IN THE NORMAL PRE-SCHOOL CLASS

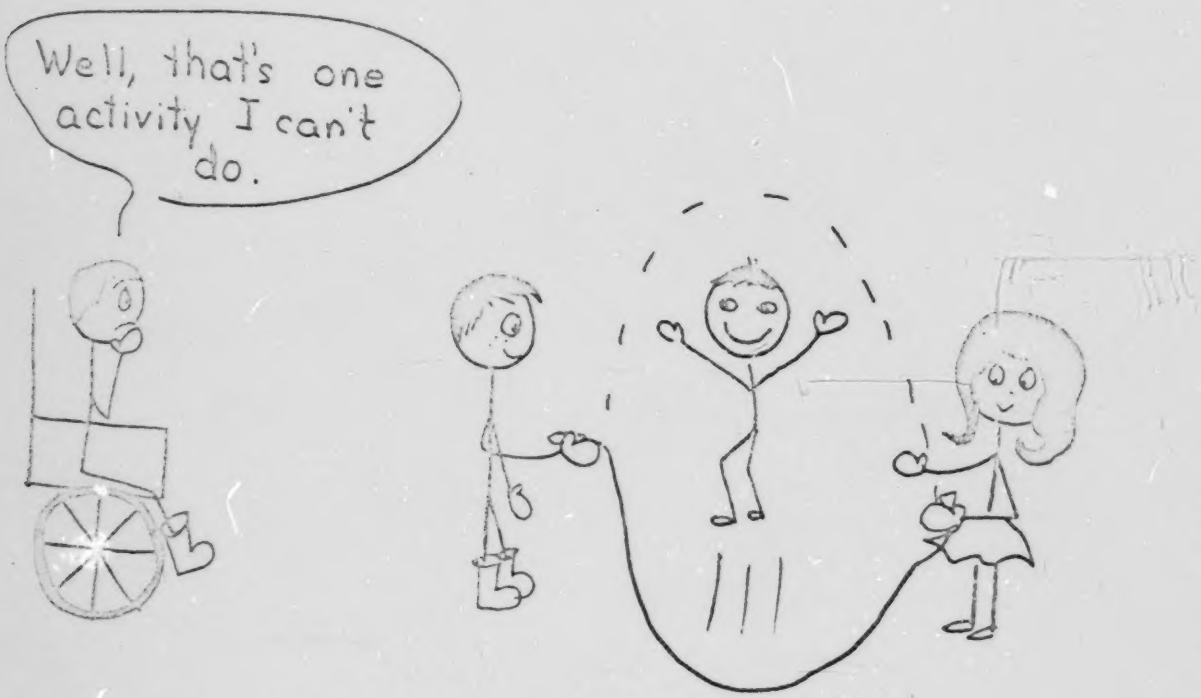
THE HANDICAPPED CHILD IN THE NORMAL PRE-SCHOOL CLASS

Working in any program involving children is both challenging and rewarding. This is even more true in programs for children with special needs.

Some teachers hesitate to accept handicapped children in their classes. Many adults grow up isolated from people with severe problems. When teachers first come in contact with children having special problems, they often find themselves dealing with some very difficult feelings: feelings of insecurity about being able to help the child, feelings of resentment about having to make special efforts to help a child when there are so many "other things to do," feelings of rejection towards a child who acts or looks different from the other children in the class, and guilt feelings about having so many negative thoughts.

Can Tommy come to school?
How can I help him? I don't have time....
Boy he looks funny. How will the kids react? I don't think I can handle this.

Too often children with special needs are segregated from other children. This is unfortunate for both. In a pre-school program that has both normal and special children together, children with special needs become part of the world of children and adults with different needs and abilities. They learn to deal with and accept their own limitations.



They gain confidence in their abilities and strengths.

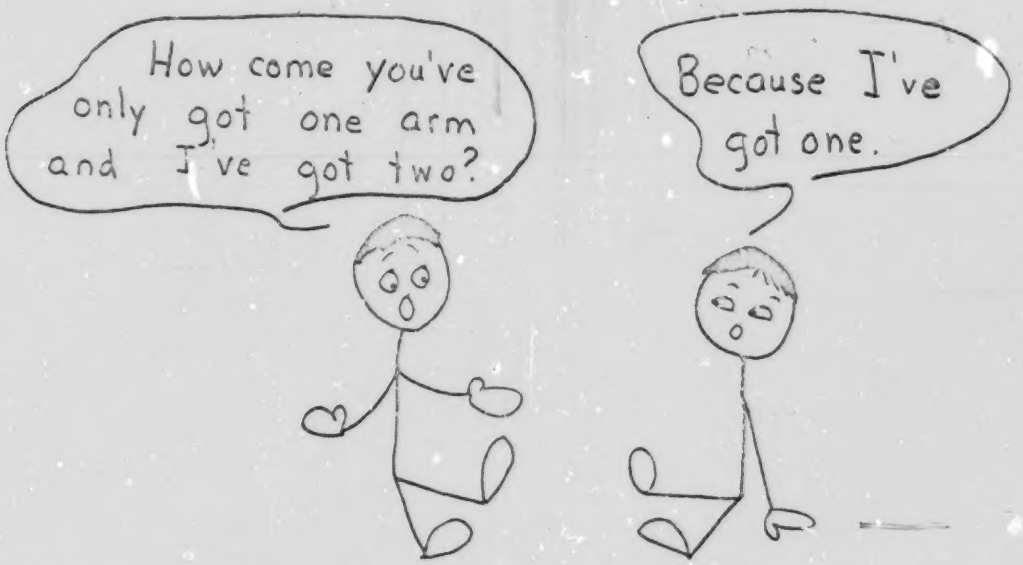
They learn to be accepted by other children and adults.

The normal children (and adults) in the integrated class learn also. They learn how to deal with and accept differences in people. They learn to understand the problems of children with special needs, and how to handle those differences comfortably.

Certainly handicapped children have some special needs. But they have many more needs that are common to all children. <u>All</u> children need to feel accepted, secure, independent, and successful. The pre-school class can do much to help satisfy these needs.

If you are hesitant about accepting a handicapped child in your classroom, give him (and yourself) a trial period. Let him come to the center for a month or two and see how it works out. You may want him to come for a few hours each day and then increase the time as you and the child and the class get used to each other.

Children are often curious and ask about differences in other children. Adults often interpret these questions as being cruel or insensitive, but they are not. Children are just more honest than we are, and can accept differences more easily than we.



Answer all children's questions honestly and directly.

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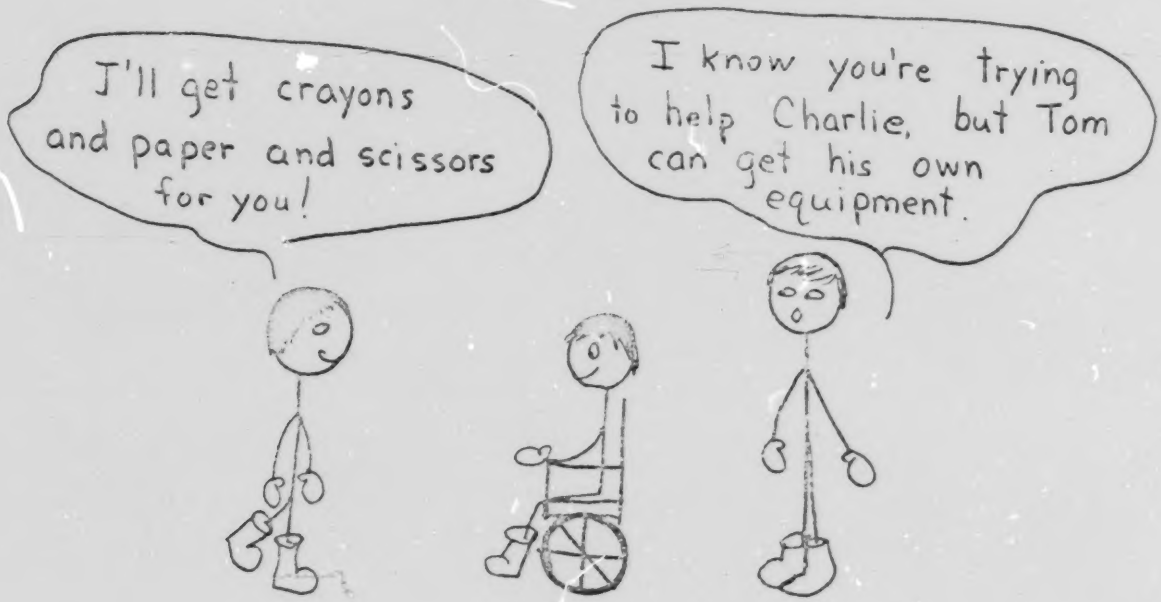
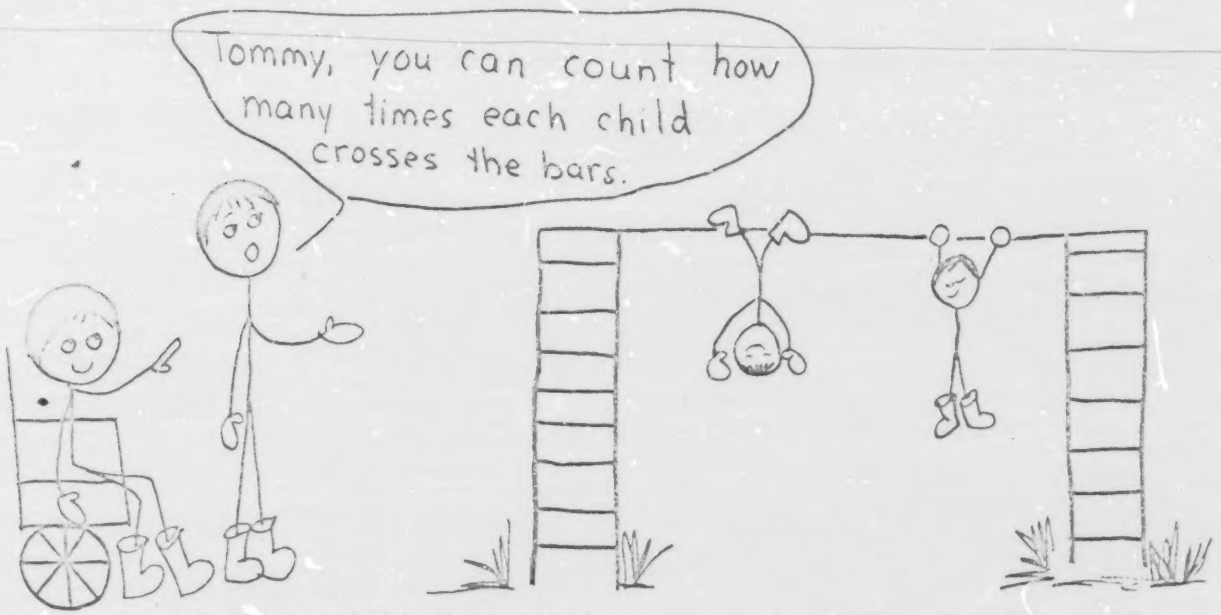
Children sometimes become fearful of another child's problem. They may think that they will "catch" a special condition or that the same thing will happen to them if they are bad. Watch for signs indicating fear, and reassure the children if this occurs.

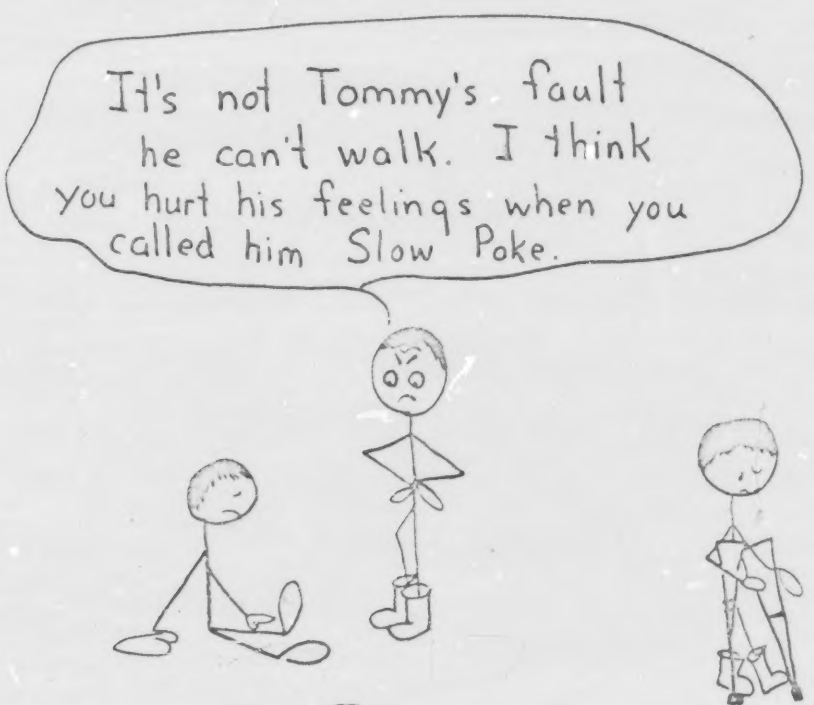
Like adults, children often overprotect a child with special problems. They may try to do too many things for him. This can harm the handicapped child by making him less independant and reduce his chances to succeed on his own. The teacher should watch for this and step in.



Often children with special problems get left out of certain activities. Usually this is unintentional or accidental. Show the children how the special child can be included in their play.



Occasionally a child may purposely tease another child about his problem. Talk to both children about their feelings.



Another good technique is to involve both children in an activity that the handicapped child does well in.

Special children may exclude themselves from certain activities because of shyness or fear. Help them with new activities and make sure they get involved in projects they do well in.

Conclusion

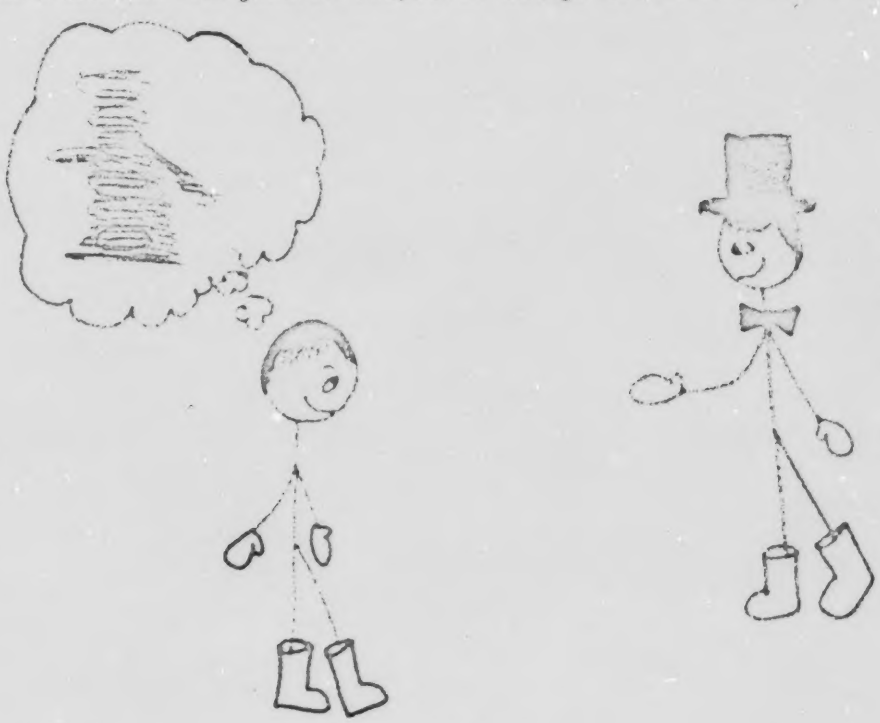
Adult attitudes about handicapped children will rub off on other children. If a teacher babies or avoids a special child, so will the other children. The teacher's attitude should be warm, positive and accepting. Try to see the child as himself rather than as a special problem. Be encouraging. If these attitudes are evident, the other children will easily pick them up.

VISUAL DISABILITIES

VISUAL DISABILITIES

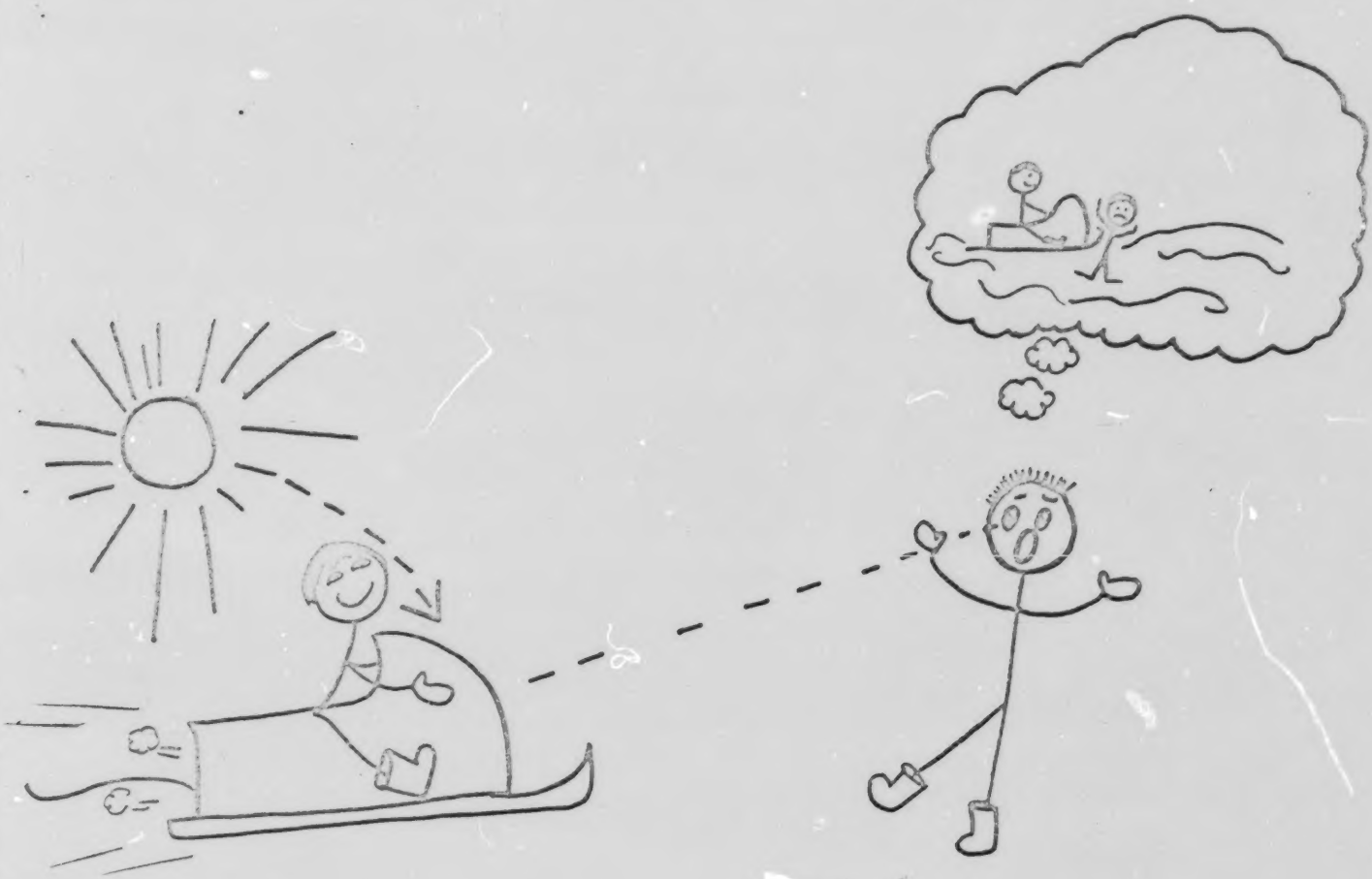
Few children with visual impairments are totally blind. Total blindness is the inability to see anything - shape, color, light, etc. Most visually impaired children have some type of seeing ability. Some children can see small objects held very close to their eyes.

Others can see the general shapes of things but cannot see the details.



How We See

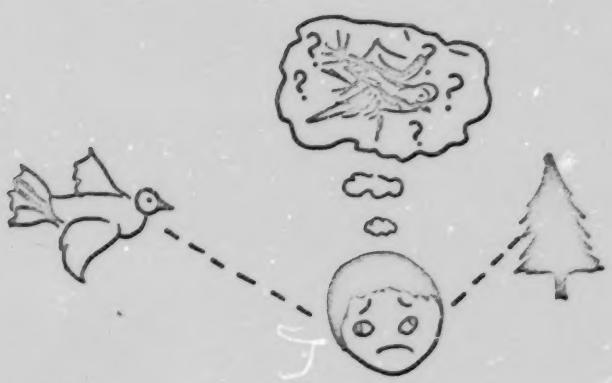
The degree of vision impairment depends upon more than just the eye itself. Light is needed to see by, and the brain is needed to make sense out of what is seen.



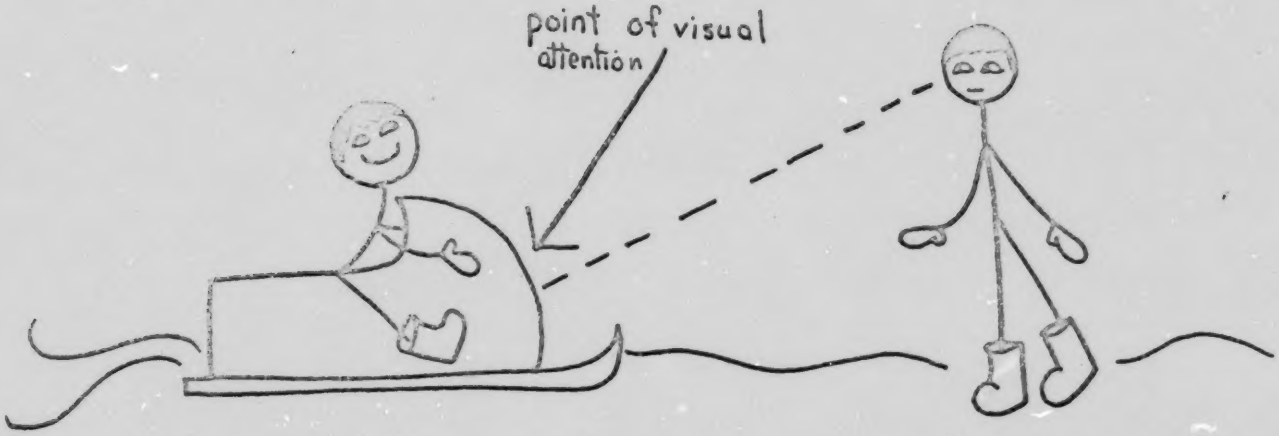
Using one's eyes correctly does not just happen, it is learned. The prime learning time for visual ability extends through ages one to seven.

We learn how to control our muscles so we can move our eyes the way we want.

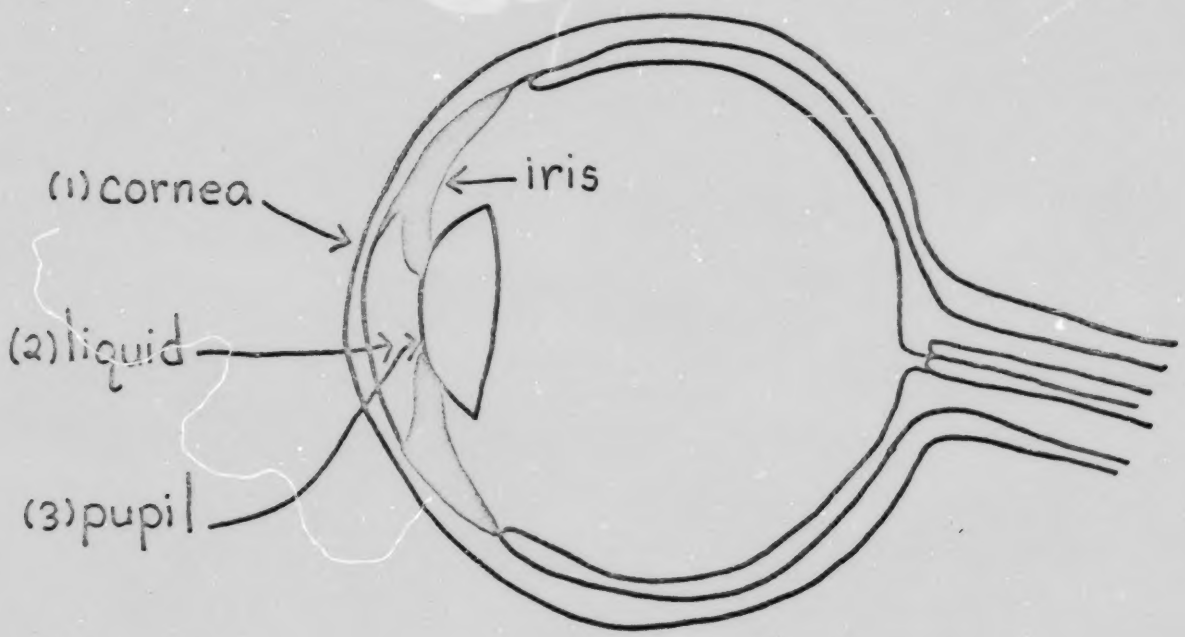
And we learn how to use our eyes together instead of having them work independently.



We also learn how to direct our visual attention to one point (focusing).

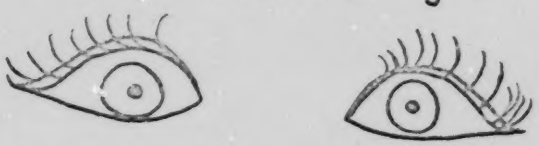


The image (or reflection) of the object being looked at passes first through the cornea or clear front window (1), then through the watery liquid behind the cornea (2), and on into the pupil or opening in the iris (3).



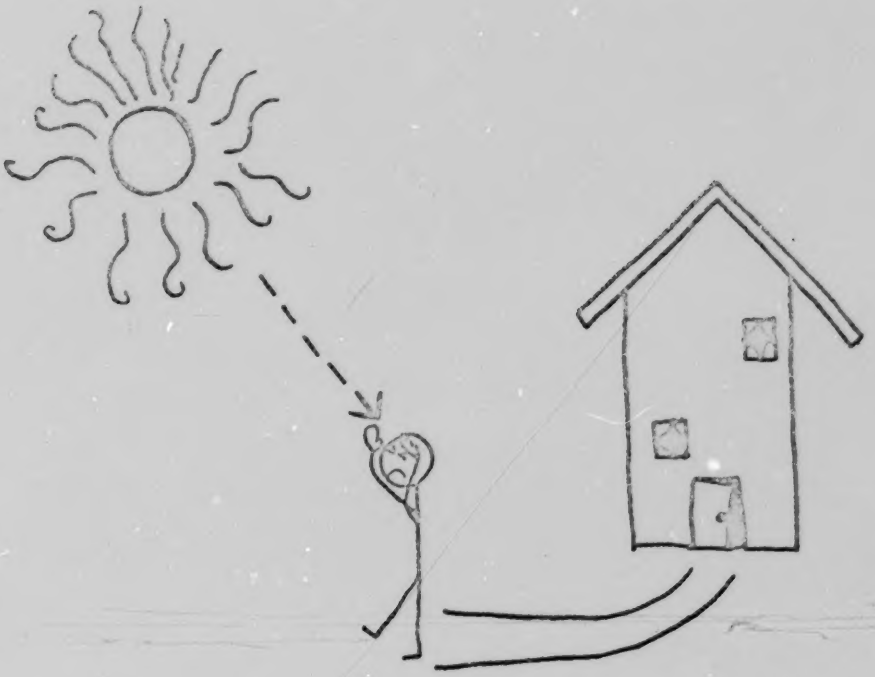
The colored part of the eye, or iris, acts like a shutter and allows the proper amount of light to enter the eye. If it is very bright outside, the iris will become smaller to block off some of the light. If there isn't much light, the iris will become larger to allow as much light in as possible.

Much available light

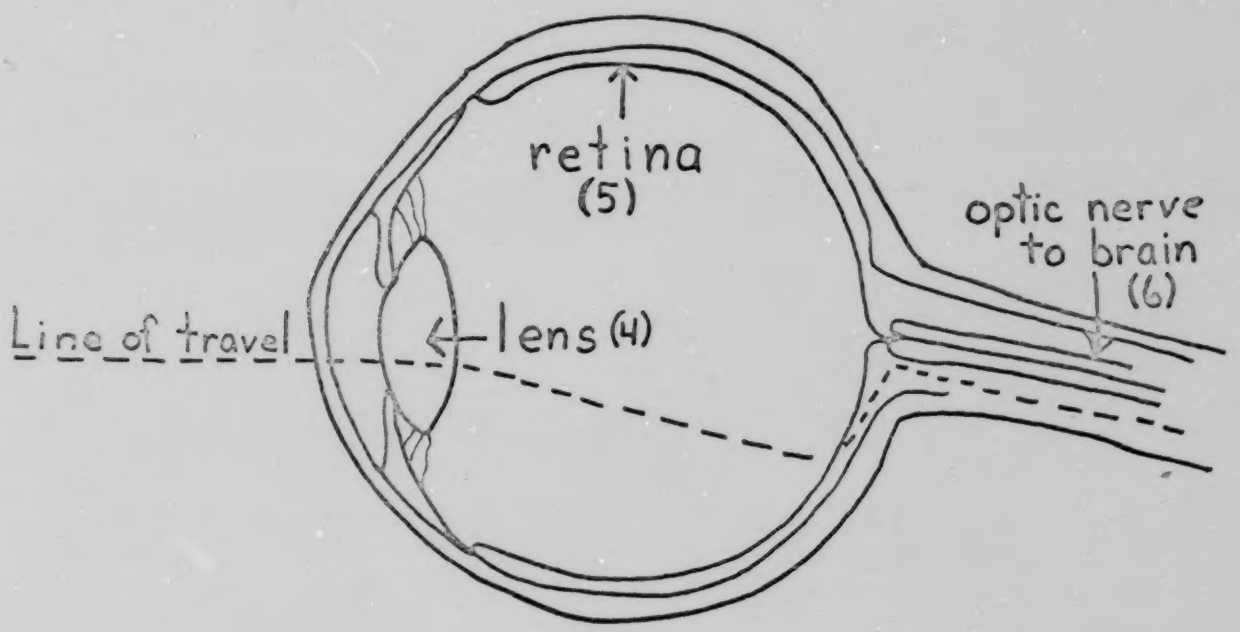


Limited available light

This process is easy to observe. If you are outside in the bright sun and then go into a dark house, you will probably not be able to see anything in the house for a few seconds, until your eyes adjust. And, reversely, if you go from a dark house into the birght sun, you will probably have to cover your eyes for a few seconds until your irises block out some of the brightness.



After the image of what is being looked at passes through the cornea, the liquid, and the pupil, it then goes through the lens of the eye (4), which bends the light rays and focuses them on the retina (5). The retina contains many nerve cells that will transfer the image to the optic nerve (6), which will send the image to the brain.



Causes of Vision Impairments

As with most other disabilities, visual impairments can be caused by injury to the unborn child through disease or accident, etc.

The following are some specific types of eye defects:

1. Albinism - Heredity loss of color in the iris, skin, and hair, usually associated with lower visual ability.

2. Amblyopia - Dimness of vision. Occasionally a child with one eye that is better than the other will stop using the poorer eye. This can lead to the loss of sight in the unused eye.

3. Astigmatism - Refractive error which prevents light rays from focusing on the retina.

4. Cataract - A thin covering that grows over the lens of the eye and blocks out the visual image.

5. Glaucoma - Increased pressure in the eye, which can lead to blindness.

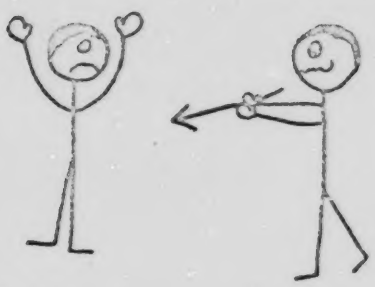
6. Hyperopia - Far-sightedness. Ability to see far objects clearly; near objects appear fuzzy.

7. Myopia - Near-sightedness. Ability to see only close objects clearly; far objects appear fuzzy.

8. Nystagmus - An involuntary, rapid movement of the eyeball.

9. Strabismus - Squint; failure of the two eyes to direct their gaze simultaneously at the same object because of muscle imbalance.

Accidents with sharp objects, and falls, account for more than 75% of all eye injuries. Small children don't understand the dangers of playing with pointed sticks or other sharp objects.



It is important for adults to teach young children how to play safely.

Occasionally a small piece of glass, wood, or metal can get into the eye. Rubbing the eye is a natural reaction but should be strongly discouraged. The cornea may become scratched and the result could be a permenent scar causing some vision loss. Rubbing the eye may also cause infection. Usually tears will wash the small object out of the eye. If not, trained help is needed.

Detecting Eye Trouble

The following are some signs of eye trouble in children:

Behavior

Rubs eyes excessively.

Shuts or covers one eye, tilts head, or thrusts head forward.

Has difficulty reading or doing other work requiring close use of the eyes.

Blinks more than usual or is irritable when doing close work.

Stumbles over small objects.

Holds books close to eyes.

Is unable to see distant things clearly.

Squints eyelids together or frowns.

Appearance

Crossed eyes.

Red-rimmed, encrusted, or swollen eyelids

Inflamed or watery eyes.

Recurring styes.

Complaints

Eyes itch, burn or feel scratchy.

Cannot see well.

Dizziness.

Headaches.

Nausea.

Blurred or double vision.

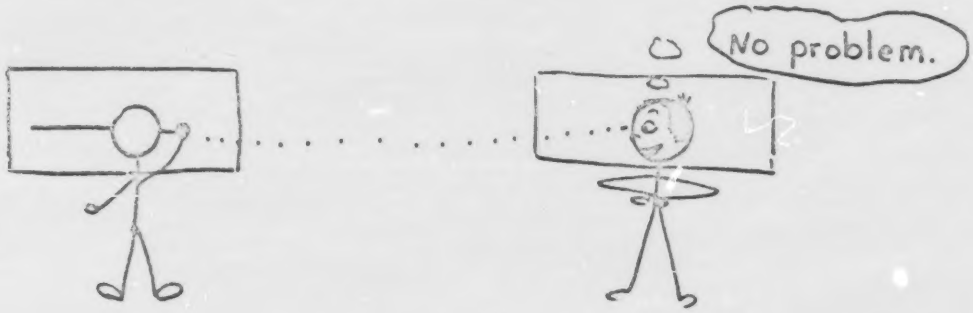
Visual Impairment and Development

Visually impaired children go through the same stages of physical development as normal children. Often, however, they pass through these stages at a slower rate. Normal children naturally lift their heads, reach out, and try to move around because they are curious about the things they see around them. Children with severe sight problems often aren't motivated to move about, because they can't see what is there. They may also hesitate in creeping, crawling or walking around, for fear of bumping into things.

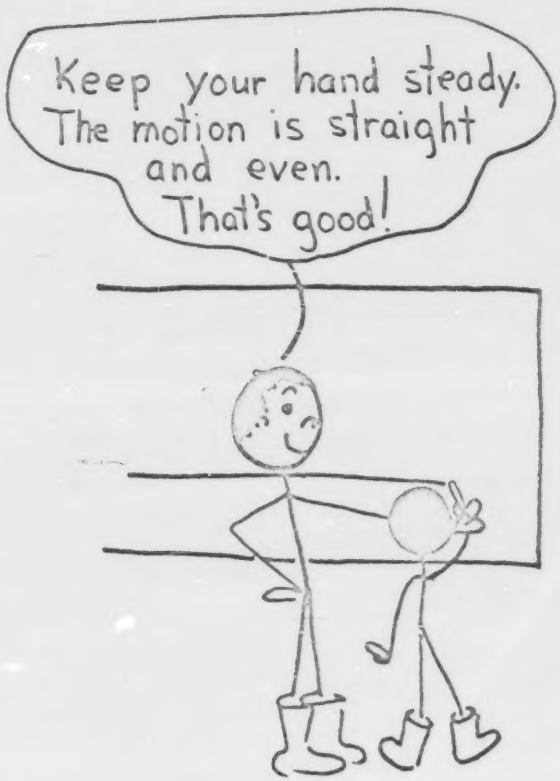
A vision problem can slow a child's language development if he is not given many opportunities to use his other senses in finding out about his surroundings. A sighted child merely has to look around to discover much of what is going on. The child with a vision problem needs to be taught to see with his hands, feet, mouth, nose, and ears. Language is meaningless unless an object or feeling has been experienced by the senses. If a child with a severe vision problem has never handled a ball, the word "ball" has no meaning for him.

Helping Children with Vision Problems

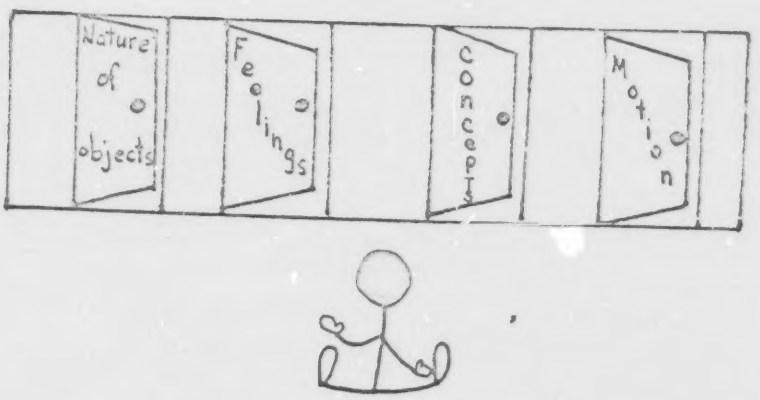
A child with a severe vision problem gains most of his information through his senses of touch and hearing. Normal children are heavily dependent on sight for learning. If they want to draw a straight line, they just copy what they have seen drawn by some one else.



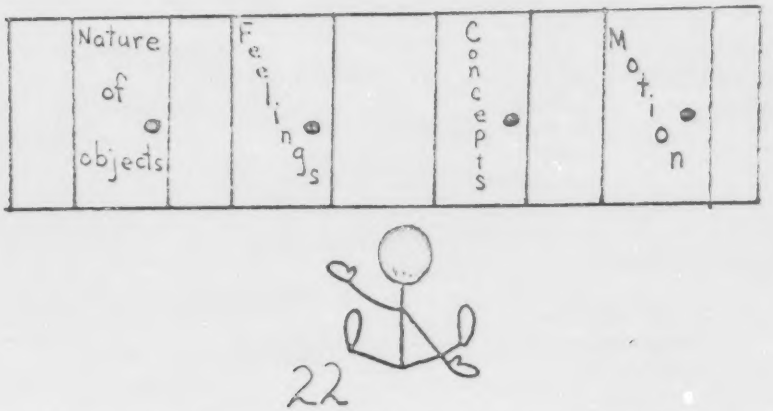
The visually impaired child must learn this task by knowing what it feels like to draw a line and by hearing how to do it.



Visually impaired children need to be talked to. What other people say will help them understand what is going on around them. We know that another person is happy by the smile on his face and the look in his eyes. Visually impaired children often do not have these clues. They need speech and touch to tell them what is happening.



Talk about feelings, talk about situations, talk about events, talk about anything you see or feel. Without such communication, the visually impaired child is cut off from the world around him.



Motivation

Encourage visually impaired children to explore their world by using materials that have interesting sounds and textures. These materials should vary in terms of sound (loud, soft, squeaky, rumbling, clanging), texture (soft, hard, furry, rough, smooth, bumpy), and motion (bouncing, rolling, come-apart toys, lift-up toys, sliding tops).

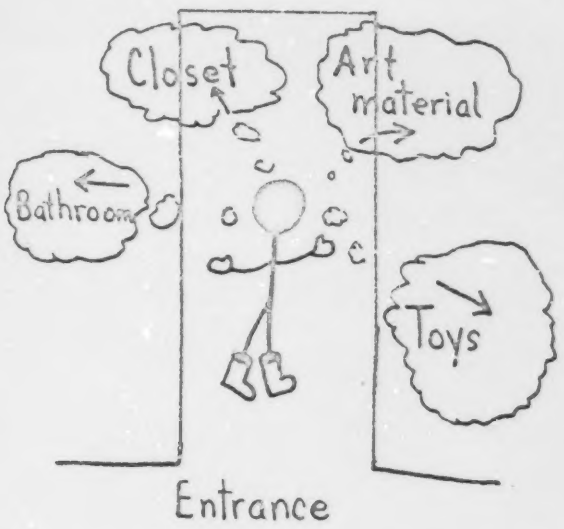
Most regular materials have many of these characteristics. If not, they can be easily adapted. Attaching a bell to a toy that has no sound, or pasting different textured fabrics on a toy, will make it interesting to a blind child.

Need for Concrete Objects and Experiences

Blind children need a great deal of help in learning about the world around them. At first, toys and objects must be handed to them to stimulate their curiosity. Talking about an object does little good unless the child has held it, felt it, smelled it, tasted it, experienced it. At first, miniatures of objects tell a blind child very little. He can't understand a toy dog until he has had many experiences with a real dog. He must feel the fur, the lick, the wagging tail, the jumping up, and must hear the bark of a real dog before the toy dog has any real meaning for him.

Feelings of Stability

Not knowing where you are or what is happening can give a very insecure feeling. Blind children feel secure if their surroundings are consistent from day to day. They can remember the direction of various activity areas if they have gone in that direction many times before and if the location doesn't change.



If changes are made, be sure to tell the blind child what has happened, and show him the changes.

There are other hints you can use to help a visually impaired child know where he is:

1. Different textured rugs in different areas.
2. Different sounding wind chimes in different areas.
3. Making his cubby hole the first or last in a row.

Use of Residual Vision

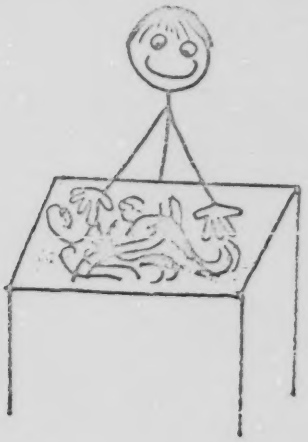
Children with some residual vision should be given materials that exercise that vision. If the child can see bright colors, he should be taught these colors with brightly colored clothes, toys, books, etc. If he can see small things held close to his eyes, he should be given this type of material. Visually impaired children can learn to use what vision they have. If they are not encouraged to use this vision, it will lose its effectiveness, much as an unused muscle does.

Some Hints about Specific Toys

Gross-motor toys - Moving toys that push, pull, and roll will interest the child and provide experiences to move and exercise his many muscles.

Ride-on toys - Blind children can learn to use tricycles and other ride-on toys, but they will need a lot of help. At first, they will have to be guided through the pedaling or pushing motion until they get the feel of it. Once a child has a sense of the layout of the room he is in, he probably will be able to ride around without bumping into too many things. He may be hesitant at first, though, and will need a lot of encouragement.

Art activities - Various art materials have a wide variety of texture and smell. Though the blind child cannot become involved in the visual aspects of art, he can gain a lot by feeling and manipulating objects and materials. Many physical sensations such as muscle movements and smells are involved.



Books and story time - Story time can easily be meaningful to the visually impaired child. If the child has any residual vision, he should be encouraged to take a front seat. A teacher can easily explain what is happening in the picutres. Attaching pieces of fur, feathers, buttons, or cloth to various parts of the pictures will greatly interest the visually impaired child. Cloth books, pop-up books, and large picutre books also add interest.

Balls - Visually impaired children have to be shown how to play with a ball, how to roll it, throw it, catch it, bounce it, and retrieve it. The ball must be large enough so that the child can easily handle and locate it.

TEACHERS TAKE NOTE:

It is important that a teacher have accurate information about a child's vision. She should not be misled by what the child says or by information from the parents about how and what he sees. The teacher should have access, through the public health nurse, to an interpretation of the eye specialist's report on the child, and should discuss with the nurse what the particular diagnosis means.

In the great majority of cases, a child cannot hurt his vision by using it. Neither can he hurt it by holding his work closer to his eyes than the other children do. Some of the new stronger lenses can be used only when reading material is held close to the eyes.

Summary

With a little help from an interested teacher, a visually impaired child can greatly benefit from his experiences in a normal pre-school class. The teacher may have to extend a little more time and effort to assist the visually impaired child but the effort will be well worth it, for both teacher and child.

VISUAL ABILITY CHECK

Child's Name _____ Birthdate _____ Date of Vis Screening _____

Yes	or	No	
____		____	1. Does child complain of eyes that itch, burn or feel scratchy.
____		____	2. Does child have inflamed, red encrusted or watery eyes?
____		____	3. Does child blink more than usual?
____		____	4. Do eyes turn in, out or up?
____		____	5. Does child complain of headaches, dizziness or nausea?
____		____	6. Does child stumble over small objects?
____		____	7. Is child over sensitive to light?
____		____	8. Is child frightened by noises of unknown origin?

9. Score on Vision Screening (see Head Start records) Right Eye ____
Left Eye ____

+ Yes
– No
o No response

____ 10. Looks at objects approximately 14 inches from eyes.

____ 11. Can see pictures or words on the blackboard without squinting or moving closer.

____ 12. Watches activities around him.

____ 13. Can copy hand motions watching teacher's hand at 10 feet.

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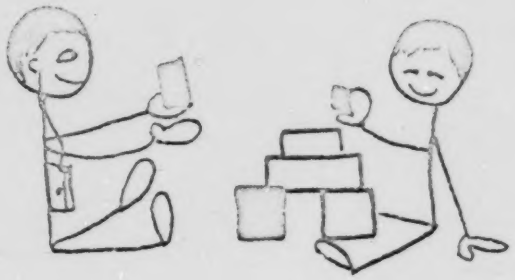
HEARING DISABILITIES

Hearing Disabilities

Deaf and hard-of-hearing children fit very easily into a normal pre-school setting. Except for possible hearing aids, they don't need special toys or classroom equipment.



Knowing how the ear mechanism normally works helps in understanding the different things that can go wrong with the hearing process.

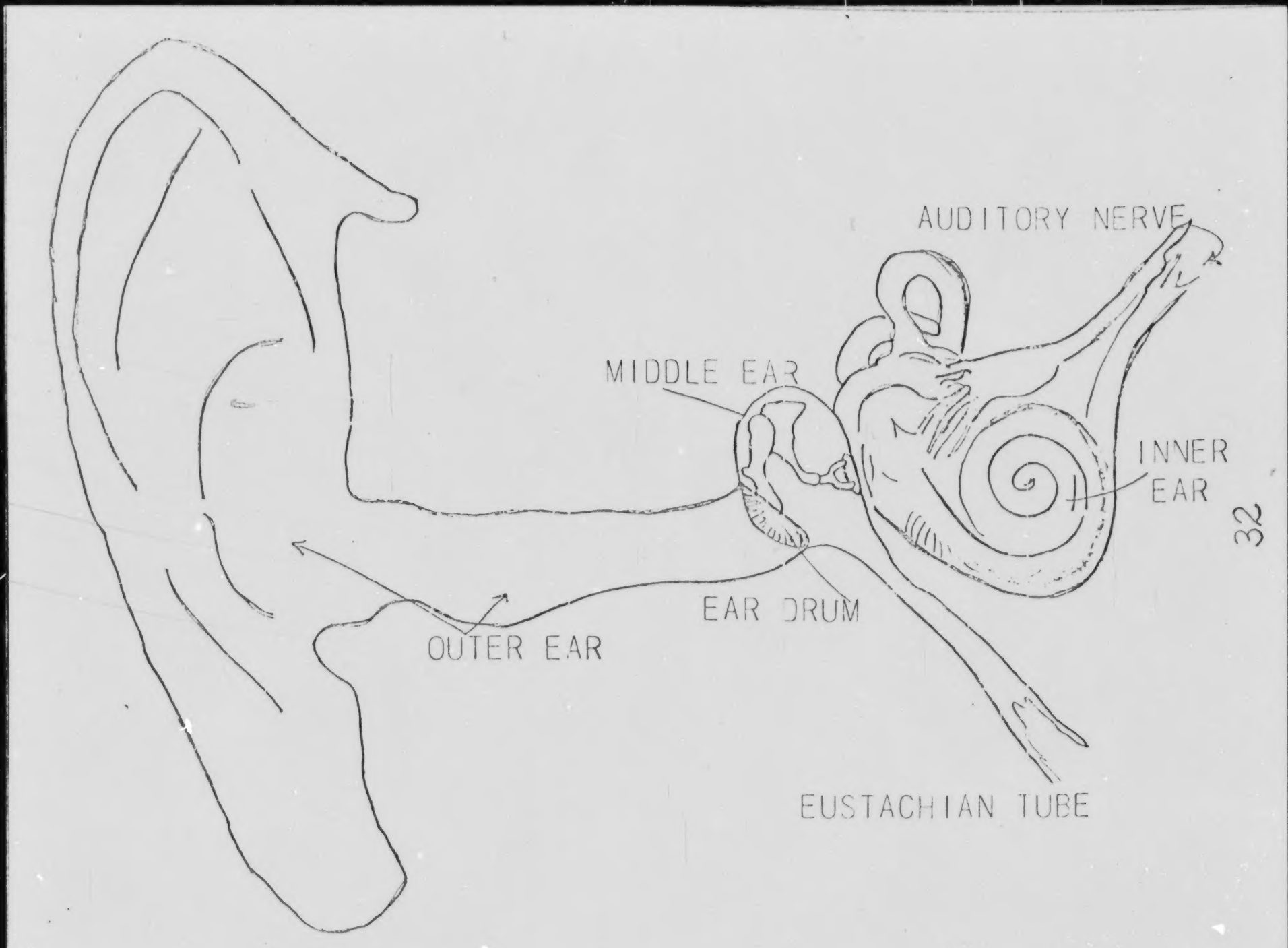
How We Hear

There are three main parts of the ear (see diagram on next page): the outer ear, the middle ear, and the inner ear.

The outer ear collects and directs sound waves into the middle ear section. The outer ear also serves as a protective device for the delicate inner ear parts.

The middle ear contains the ear drum and three small bones. When sound travels through the ear canal, it strikes the eardrum and causes it to vibrate; this causes vibrations in the three small bones. These vibrations differ according to whether the sound is high, low, soft, loud, etc.

The motion of the three vibrating bones is transmitted to the inner ear, which is filled with a watery fluid and many small "hair cells" which move when the inner fluid vibrates. Different hair cells react to different types of sound, and it is the motion of these cells that sends impulses down the auditory nerve to the brain, which then interprets the sound that was heard.


AUDITORY NERVE
MIDDLE EAR
INNER EAR
EAR DRUM
OUTER EAR
EUSTACHIAN TUBE

There are two main types of hearing losses: those that occur in the middle ear and can often be corrected, and those that occur in the inner ear and are not correctable.

Middle Ear Problems

Ear infections (the most common cause of hearing loss in Alaska) usually occur when the child has a cold. The Eustachian tube is a passageway from the middle ear to the throat (see diagram). Infection can travel up the tube from the throat and cause a build-up of pressure in the middle ear. This pressure on the eardrum results in an earache.

If the infection is left untreated, the pressure of the pus on the eardrum causes the drum to break; the pus then drains out of the outer ear. The tear in the eardrum eventually heals, but usually scar tissue forms. Since the scar tissue doesn't allow the ear drum to vibrate properly, there is hearing loss. If a child frequently has draining ears, he probably has a hearing loss.

Because the tear in the eardrum results in poorer hearing, it is important to take a child to the health aide for care <u>before</u> the eardrum breaks.

Signs of Ear Infection

1. Be suspicious of infection any time a child has a cold.

2. Many children have fevers with colds, but if the fever goes above 100° infected ears are very possible.

3. Ear infections are painful. A child may complain of an earache or be noticed pulling his ear frequently.

When a child has infected ears, he may temporarily lose up to fifty percent of his hearing. A teacher who is aware of this can help the child by using special teaching approaches during this time.

Damage to the eardrum or improper working of the small bones in the middle ear can also cause hearing loss.

Inner Ear Problems

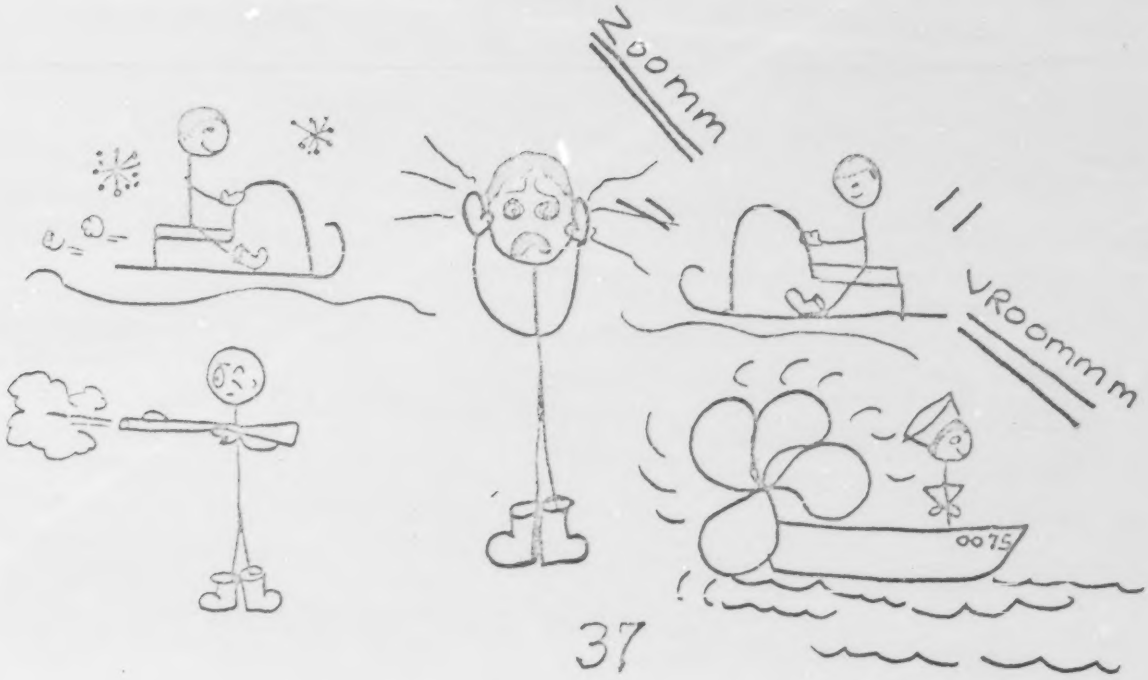
Losses in the inner ear are a result of damage to the nerves and hair cells.

Damage can occur before the child is born from such common causes as German measles during the first three months of pregnancy, viral infections during pregnancy, or RH disease. Inherited deafness is also possible. There may be damage occurring during the birth process. Such childhood diseases as chickenpox, meningitis, and other illnesses having high fevers may cause damage.

As some people get older, they begin to lose their hearing.

Many people suffer nerve damage by being exposed to very loud noises. In Alaska such noise pollutants as the snow machine, air boats, and gun shots are common.

The ear mechanism is made to tolerate only a certain level of noise. A greater level of noise, especially if it continues for a long time, will cause hearing loss.



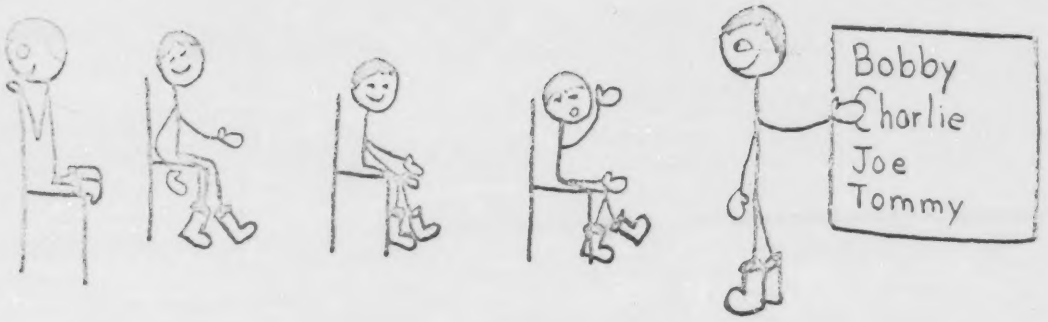
People who must be around noise pollutants should protect their ears from permanent damage by using protective head sets which are available for under ten dollars and are well worth the investment.

Severe hearing losses, especially in young children, will greatly effect language development. If you cannot hear language, it is extremely difficult to learn it. If a child develops a hearing loss before he learns how to speak, he will need much special help. If the hearing loss occurs after the child has learned how to speak, he will still need some special help.

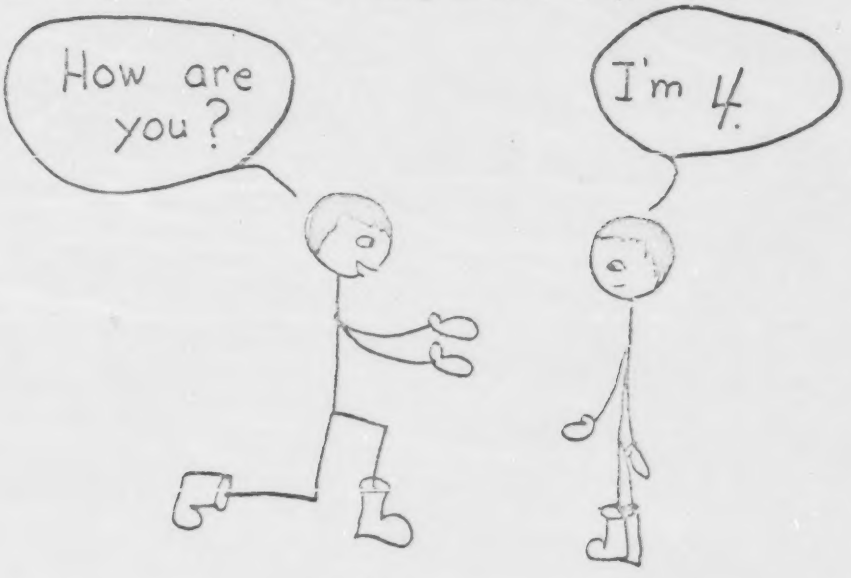
Detecting Partial Hearing Losses

1. Here are some examples of behavior that may indicate a partial hearing loss:

1. Child won't pay attention in class.

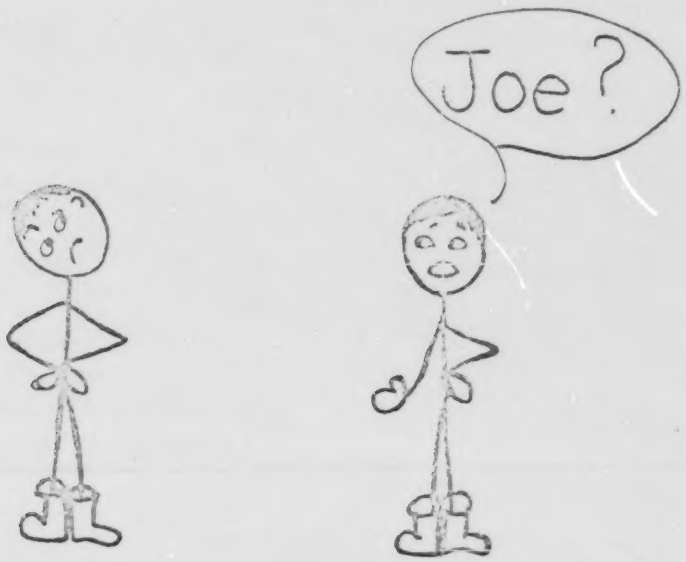


2. He frequently gives the wrong answers to questions.



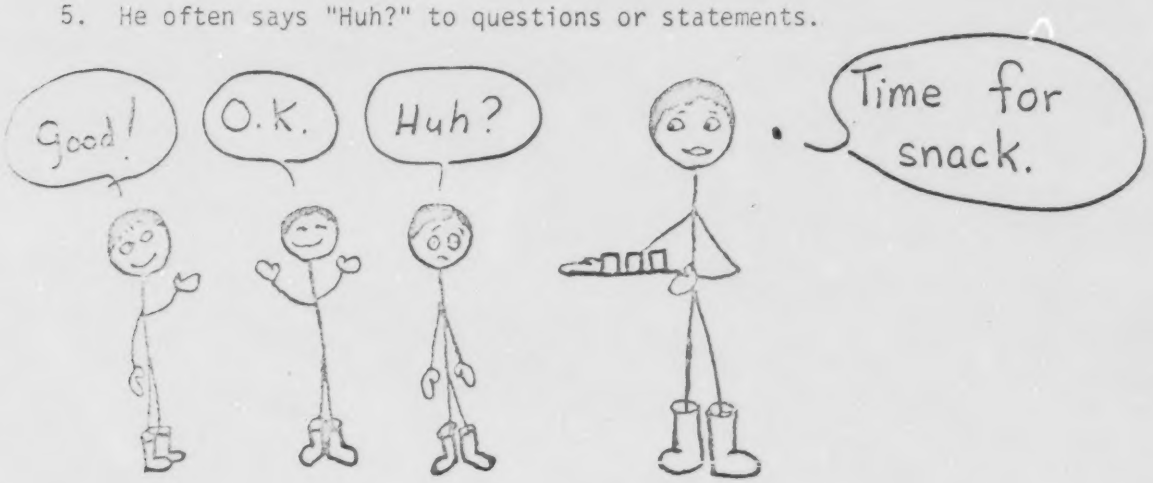
("How are you" and "How old are you," look almost identical on the lips.)

3. He turns one side of head toward sound, indicating loss in one ear.



4. Speech that sounds strange or is unusually loud or soft indicates that the child does not hear well enough to correct himself.

5. He often says "Huh?" to questions or statements.



If you believe that a child in your class has a hearing loss try standing behind him while you say something to him. Does he turn around or respond in some way that tells you that he hears you? You might cover your mouth with your hand or a piece of paper while giving a command such as "Bring me the ball," or "Get your parka on." Does the child understand? Does he seem to notice when there is a loud noise in the classroom? A child with a hearing loss may find the Head Start class uninteresting, because he doesn't understand a lot of what goes on around him. He may then act bored or be absent frequently, giving you reason to suspect a hearing loss. And remember that any time a child has a cold he may also have a temporary hearing loss.

Children with nerve-type hearing loss often do not hear high frequency sounds like these:

HIGH FREQUENCY CONSONANTS

g	as in	gun
k	as in	kill
y	as in	you
z	as in	buzz
sh	as in	shoe
th	as in	the
zh	as in	treasure
b	as in	boy
p	as in	pot
v	as in	very
f	as in	fun
th	as in	thing

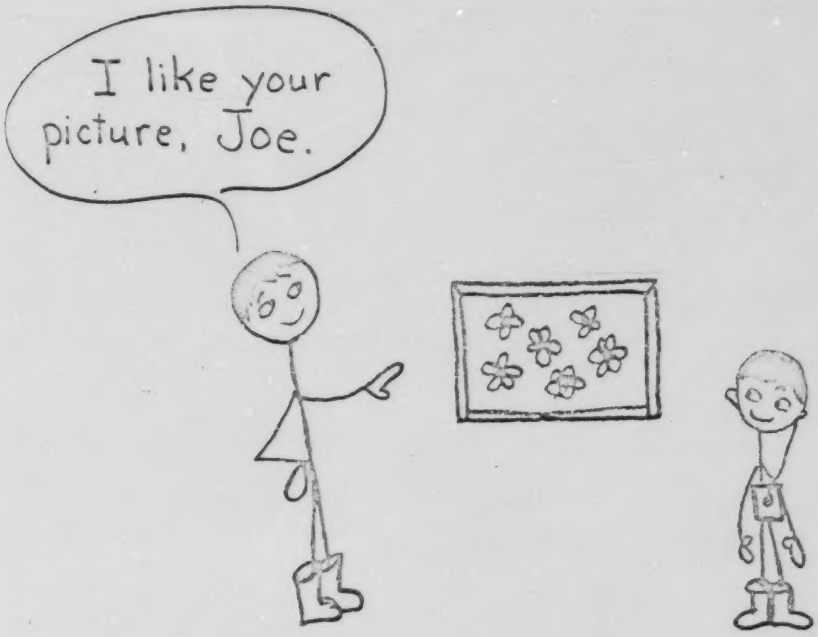
They can often, however, hear low frequency sounds like these:

LOW FREQUENCY VOWELS

ir	as in	bird
e	as in	eat
i	as in	it
a	as in	gate
oo	as in	took
u	as in	too
a	as in	calm
e	as in	bed
a	as in	at
ow	as in	cow
i	as in	ice
o	as in	go
u	as in	cup
oy	as in	boy
aw-au	as in	awkward

Helping Children with Hearing Losses

The number one rule in working with hearing impaired children is to talk to them at every possible opportunity. Children normally learn to use words after they've heard the sounds in those words used over and over again. Children with hearing difficulties often have to learn by watching (lipreading) and using a proper hearing aid. This takes much longer than learning by sound. Such children need every chance they can to <u>see</u> speech. Even though you know the child cannot hear what you are saying, <u>talk to him</u>.



Talk to the child at eye level. Lipreading is difficult. Having the speaker's lips on the same level as the child's eyes makes the task a little easier.

Come close to the child when you talk to him. If he has any residual hearing, he needs to be close to the sound if he is to hear it.

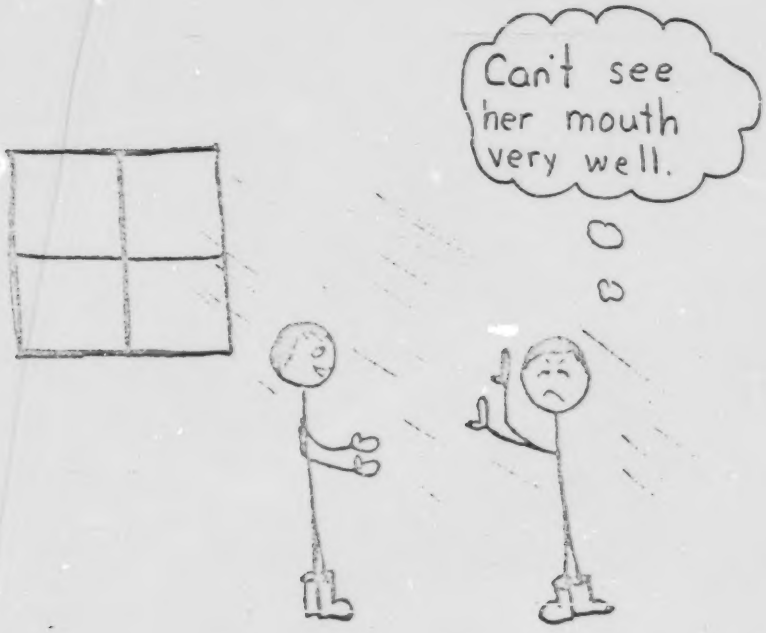
Be sure the child can see you when you speak to him. If he can't see you, he certainly can't read your lips.

Speak naturally. Use your normal voice at a moderate rate of speed. Exaggerating your words or speaking more slowly than usual will only confuse the child. Lip reading is based on good normal speech.

Speak in short and simple but whole sentences. Do not use baby talk ("You want play?"). If all he is exposed to is broken sentences, that is

all he will learn. The goal is to teach him normal language.

Try to face the light when you speak to a child with a hearing problem. If the light is in his eyes, he will have trouble seeing your lips.

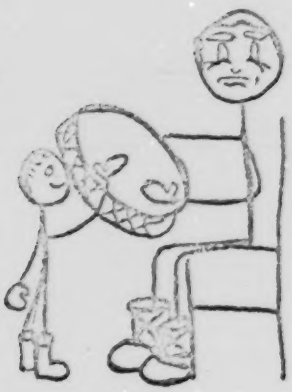


Make what you say interesting. Lipreading is very tiring. At first talk about concrete things and events happening at the time. This will be more interesting and easier to understand than telling about something in the next room or what happened yesterday. Connect words with concrete experiences.

Give visual cues to what you are saying. Touch the object you are talking about. Let your face show what you are feeling. Manual communication (sign language) and fingerspelling are very special clues used by deaf children, their families, and friends. They are not difficult to learn and can do much to help a deaf child grow normally in other areas.

For further information concerning Total Communication (sign language with speech), contact the Alaska Treatment Center in Anchorage. A series of twenty-seven video tapes specifically designed for Alaskan families and friends of deaf children, is available at the Center.

Use music and rhythm activities in your classroom. Let the children feel the sounds of a drum or piano.

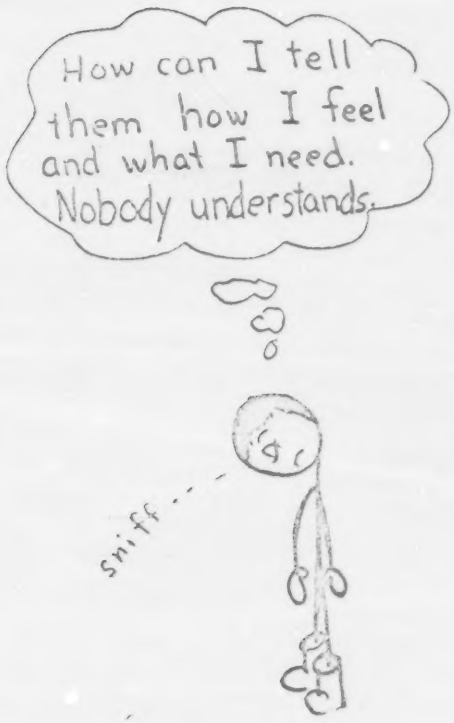


Encourage hearing impaired children to play instruments and join in rhythm games. Rhythm can be seen and felt, as well as heard.

Have the hearing impaired child sit close to you in group activities so that he can lipread better, hear the sounds he is capable of detecting, and get visual cues to what is happening.

If the child wears a hearing aid, learn the proper care and use of it. It is very difficult for a child, or adult, to get used to a hearing aid. Such an aid does not make a person with a hearing loss hear normally. Sounds become louder but not necessarily clearer. Everything is louder, including speech sounds.

Be aware of some side affects in children with hearing losses. The inability to communicate can be a very frustrating experience. Sometimes hearing impaired children develop emotional and behavioral difficulties because of their frustration.



Summary

Severe hearing loss can be a very difficult disability to cope with. If you have any worries about any of your children, contact the village aide or public health nurse. Early treatment and training can make a great deal of difference in developing the abilities of any hearing impaired child.

A hearing child digests a great deal of language before he is ready to start talking. A hearing impaired child often does not. If parents suspect a hearing loss when baby is even only six months old, they should be referred to a doctor for tests and education. No child is too young to receive assistance for a hearing loss. It would be a tragedy to wait.

HEARING ABILITY CHECK

Child's Name _____ Date of Birth _____ Date of Hearing Test _____

Yes	or No	
____	____	Does child have draining ears frequently?
____	____	Is child absent frequently?
____	____	Is child's speech much worse than his classmates?
____	____	Is child immature?

Score on hearing test:
(see Head Start records)

Right Ear _____ Left Ear _____

Was this a VASC test? Yes___ No___

+	Yes
-	No
o	No response

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_____ 1. Looks at source of sound.

_____ 2. Can tell if sound is loud or soft.

_____ 3. Can tell if sound is high or low.

_____ 4. Can copy a clapping rhythm without watching teacher's hands.

_____ 5. Enjoys listening to records.

_____ 6. Understands teacher's voice at 3 feet, without looking.

_____ 7. Understands teacher's voice at 15 feet, without looking.

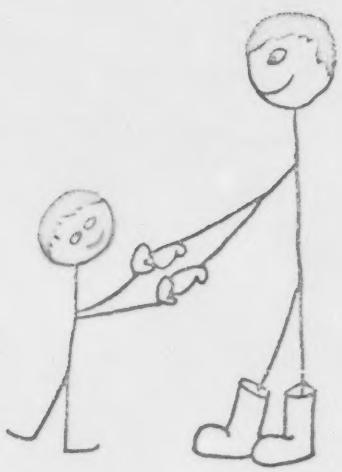
MOTOR DISABILITIES

MOTOR DISABILITIES

Motor disabilities in pre-school children can range from slight lack of coordination to very severe motor problems involving the entire body.

One child may seem to be a bit more clumsy than his classmates.

Another child may have great difficulty performing such every day tasks as crawling, walking, reaching, holding an object, chewing, or even moving his mouth and tongue for speech.



Many children with such problems can still greatly benefit from participating in a normal pre-school setting.

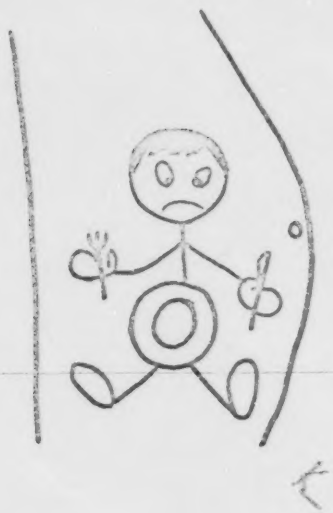
There are many reasons why these problems exist. Usually there have been some damage to the brain, nerves, or muscles. Such damage can occur before, during, or after birth.

Pre-natal Damage

Injury to the brain, nerves, or muscles can occur before the child is born. Some causes for such injuries are:

1. Accidents
2. Diseases
3. Heredity, that is, an impairment passed by one's family.
4. Drugs used by the mother.

5. Malnutrition of the mother.

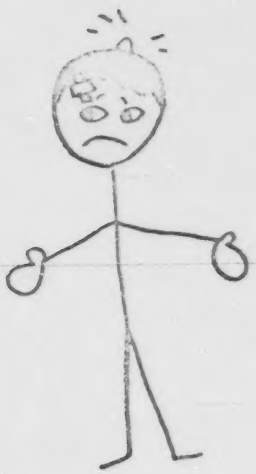


Birth Damage

Some babies develop normally but suffer damage during the birth process. Two of the most common injuries occurring during birth are:

1. Anoxia. This occurs when the baby does not receive enough oxygen, which is essential for brain cells. A knot in the umbilical cord, or a cord wrapped too tightly around the baby's neck, might cause anoxia. It also can happen if the mother is under deep anesthesia or under the effects of heavy drugs.

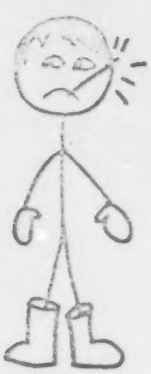
2. Head injury. If the baby is very large or the labor is very long, the child's head can become battered and damaged during the birth process.



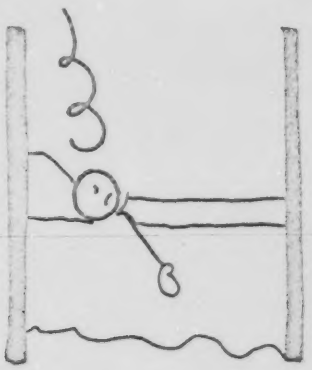
Damage After Birth

Damage to the brain, nerves, or muscles can also occur after birth. Some causes of damage after birth are:

1. High fevers. Many diseases that children get involve high fevers. If the fever goes above 101° for a long period of time, there is danger of brain damage.



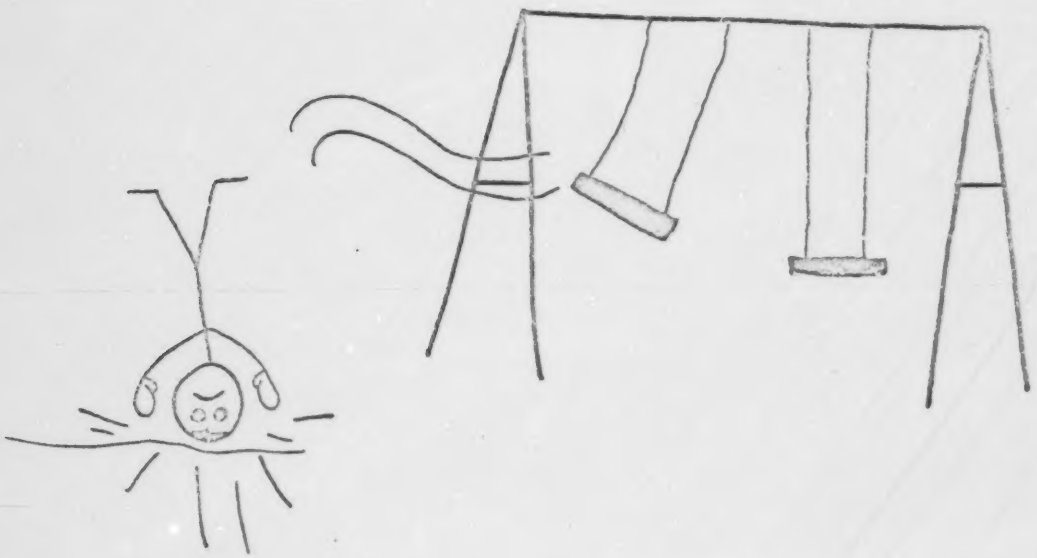
2. Disease. Cerebral palsy, muscular dystrophy, epilepsy, meningitis, and many other diseases can cause damage that may affect a child's motor abilities.



3. Stroke. Some diseases and certain accidents can cause blood vessels in the brain to break. When this occurs, there is always danger of damage.

4. Convulsions. These are abnormal, violent contractions of the muscles, sometimes called seizures or "fits."

5. Accidents. Any blow to the head is dangerous. Accidents can also cause muscles to be torn and nerves to be cut or otherwise damaged.



6. Burns. Severe burns can result in damage to both muscles and nerves.

7. Abuse. If a child is physically mistreated or handled very roughly, there is always a possibility of damage.

8. Anoxia. Exposure to severe cold causes the body processes (breathing, circulation of blood, etc.) to slow down. If this occurs, the brain may not receive enough oxygen and damage may occur.

Watching for Problems

We see, then, that there are many causes for and many kinds of brain, nerve, and muscle damage in infants and children. Often it is the pre-school teacher who first notices a difficulty. The pre-school teacher should watch for signs like the following, which may indicate possible damage:

1. Clumsiness.
2. Difficulty riding tricycles, climbing stairs, or creeping and crawling.
3. Coloring out of lines in a coloring book or drawing, especially at five years of age.
4. Lack of ability to string beads (also a sign of possible vision impairment).
5. Lack of ability to build a tower of three blocks.
6. Strange speech (also a sign of possible hearing impairment).
7. Inability to chew and swallow well.
8. Being <u>much</u> more active than other children and also having difficulty doing something for more than a few moments.

Evidence of one of these signs does not necessarily mean that damage exists. If there are several of the signs, however, the child should be checked by a professional (PHN, doctor, etc.).

Helping Children with Motor Problems

Here are some suggestions that may assist a pre-school teacher in helping a motor-disabled child in the classroom:

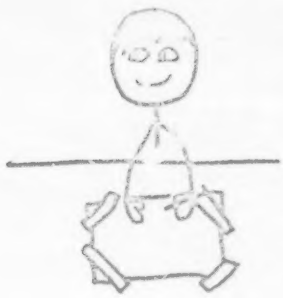
1. Even though a child may have some motor difficulties, it is important that he is given the chance to discover for himself what he can and cannot do. He may fall or bump into things more often than other children, but he needs to learn what his own abilities and limitations are.
2. If a disability prevents a child from using a specific toy or piece of equipment, find a way to adapt it for him. For example, if a child does not have enough motor control to keep his feet steady on the pedals of a tricycle, secure his feet with a large rubber band made of a tire's inner tube. It is flexible enough so that the child can pull his feet out if he falls.

3. Children who have difficulty walking because of poor balance or poor muscle control can benefit from having something to push while they walk. A baby carriage filled with sand bags might be used.

4. Children who have difficulty with hand coordination, balancing, and grasping can benefit from toys mounted to the wall at the child's height. These wall toys can be bought or made, and can be used to exercise the hand coordination of the child.
You might attach to the wall a board containing items such as various types locks and latches, old telephone dials, or beads on a heavy cord or metal bar.

5. If one of the child's hands is stronger than the other, direct him to activities that require the use of both hands. The weaker hand needs proper exercise if it is to improve.

6. If drawing paper always slides around the table when a child with a motor problem tries to color or draw, tape the paper onto the table.

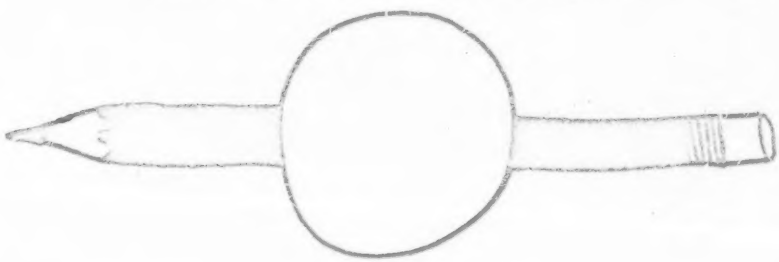


7. If normal-sized pencils, crayons, and brushes are too difficult for a child to control, you can use

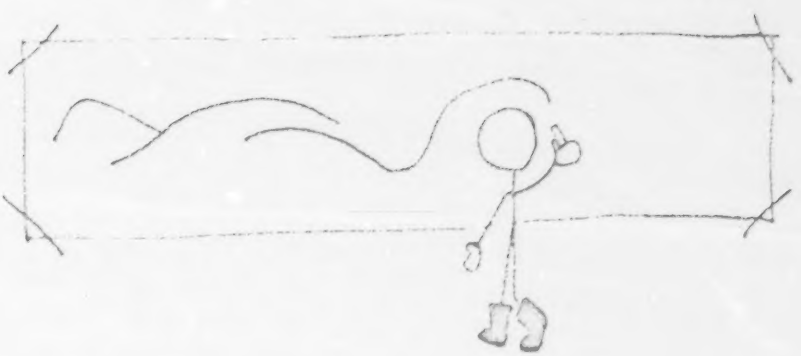
   a. Large sized chalk.

   b. Crayons and brushes wrapped with layers of tape.

   c. Pencils punched through rubber balls so the child can hold the ball to control the instrument.



8. If a child can make only large sweeping strokes with his hands, avoid normal sized paper. It will frustrate him. Extra large paper, large blackboards, or fences or cardboard boxes to paint on will give him the room he needs.



Summary

The pre-school teacher can play an important part in helping children with motor disabilities. She can do this most effectively if she understands the nature and causes of motor problems. Knowing what signs to look for and using special methods in working with children who have these problems can do much to help these children develop to their greatest potential.

Postscript

The Educational Resources Information Center/Early Childhood Education Clearinghouse (ERIC/ECE) is one of a system of 16 clearinghouses sponsored by the National Institute of Education to provide information about current research and developments in the field of education. The clearinghouses, each focusing on a specific area of education (such as early childhood, teacher education, language and linguistics), are located at universities and institutions throughout the United States.

The clearinghouses search systematically to acquire current, significant documents relevant to education. These research studies, speeches, conference proceedings, curriculum guides, and other publications are abstracted, indexed and published in Research in Education (RIE), a monthly journal. RIE is available at libraries, or may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Another ERIC publication is Current Index to Journals in Education (CIJE), a monthly guide to periodical literature which cites articles in more than 560 journals and magazines in the field of education. Articles are indexed by subject, author, and journal contents. CIJE is available at libraries, or by subscription from Macmillan Information, 909 Third Avenue, New York, New York 10022.

The Early Childhood Education Clearinghouse (ERIC/ECE) distributes a quarterly newsletter ($2.00 - 4 issues) which reports on new programs and publications, and RIE documents of special interest. For a complete list of ERIC/ECE Publications, or if you would like to subscribe to the Newsletter write: Publications Office/IREC, College of Education, University of Illinois, 805 West Pennsylvania Avenue, Urbana, Illinois 61801. All orders must be accompanied by check or money order, payable to the University of Illinois. Sorry, we cannot bill.

ERIC CLEARINGHOUSES--CURRENT ADDRESSES

CAREER EDUCATION
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Northern Illinois University
DeKalb, Illinois 60115

COUNSELING AND PERSONNEL SERVICES
The University of Michigan
School of Education Building
Room 2108, East Univ. & South Univ. Streets
Ann Arbor, Michigan 48104

THE DISADVANTAGED
Teachers College, Box 40
Columbia University
New York, New York 10027

*EARLY CHILDHOOD EDUCATION
University of Illinois
805 W. Pennsylvania Ave.
Urbana, Illinois 61801

EDUCATIONAL MANAGEMENT
University of Oregon
Eugene, Oregon 97403

HANDICAPPED AND GIFTED
The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

HIGHER EDUCATION
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1 Dupont Circle, Suite 630
Washington, D.C. 20036

INFORMATION RESOURCES
School of Education, SCRDT
Stanford University
Stanford, California 94305

JUNIOR COLLEGES
University of California
96 Powell Library
Los Angeles, California 90024

LANGUAGES AND LINGUISTICS
The Center for Applied Linguistics
1611 N. Kent St.
Arlington, Va. 22209

READING AND COMMUNICATION SKILLS
National Council of Teachers of English
1111 Kenyon Road
Urbana, Illinois 61801

RURAL EDUCATION AND SMALL SCHOOLS
New Mexico State University, Box 3AP
Las Cruces, New Mexico 88003

SCIENCE, MATHEMATICS, AND ENVIRONMENTAL EDUCATION
Ohio State University
1800 Cannon Drive, 400 Lincoln Tower
Columbus, Ohio 43221

SOCIAL STUDIES/SOCIAL SCIENCE EDUCATION
855 Broadway
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Washington, D.C. 20036

TESTS, MEASUREMENT AND EVALUATION
Educational Testing Service
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*ERIC/ECE is responsible for research documents on the physiological, psychological, and cultural development of children from birth through age eight, with major focus on educational theory, research and practice related to the development of young children.